



UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (TWIN FALLS)		PROOF OF CLAIM
Name of Debtor Vladimir Paniouchkine Tatyana Paniouchkine		Case Number 99-41879-13
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		 99-41879  1319884 THIS SPACE IS FOR COURT USE ONLY
Name of Creditor (The person or other entity to whom the debtor owes money or property): Commercial Tire Co. Name and Address where notices should be sent: Commercial Tire Co. 300809 Box 191010 Boise, ID 83719		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Telephone Number:		
Account or other number by which creditor identifies debtor: 300809		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: 6-10-99		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		\$ 719.28
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY NOV 19 1999 DEPT. OF BANKRUPTCY RECD. FILED
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 11-22-99	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): [Signature] Credit Dept.	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		
Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.		

P 11/22/99 - Customer Collection

99 COMMERCIAL TIRE-CORP

Cust#: 300809	Open Date: 06/07/99	Credit Limit: 1000
ZZBCH13 PAN TRANS		Account Bal: 719.28
1845 OSTERLOH AVE		\$ On Order: 0.00
		\$ Total: 719.28
TWIN FALLS	ID 83301	Avail-Credit: 281.00
Phones: (208)734-5642		Req PO: Yes
Fax#:		Ord on Hold? N P/D Days: 60
Contact: VLADIMIR PANIOUCHKIN		120+ DAYS PAST DUE
Ship To: 0		Last Pmt: 0.00
Tax CD: ID IDAHO SALES TAX		High Bal: 719 CR Rate:
Tax Id: 0		Last Sale: 07/03/99
Term CD: 01 NET 10TH		Last Chg: 11/22/99
Sman CD: 0 house		Bal Meth: 0

PEOPLE AUTHORIZED TO SIGN:	09/17LETTER #2
RUDY HELTON, CARL MARCHELLO,	10/20LETTER #3
MICHELLE FIALKOSKY	11/05LEFT A MESSAGE

11/22/99 - Customer Collection

99 COMMERCIAL TIRE-CORP

Cust: 300809 Name: ZZBCH13 PAN TRANS

Inv/Ck#	Loc	Inv-Date	Type	Amount	Discount	Due	Age	PO/Ref#

Company: 100								
534764	07	06/10/99	Inv	537.15	07/01	0.00	07/10 135	CARL
13962	07	07/03/99	Inv	146.25	08/01	0.00	08/10 104	TRLR10116
990910	07	08/31/99	S/C	11.96	09/10	0.00	09/10 73	
991010	07	09/30/99	S/C	11.96	10/10	0.00	10/10 43	
991110	07	10/31/99	S/C	11.96	11/10	0.00	11/10 12	
Total for Company: 100								
Cur:		0.00	1-30:	11.96				
31-60:		11.96	61-90:	11.96	91-120+:	683.40		
Total Balance:				719.28				

⑨

MDSE:	483. ⁰²
LABOR	30. ⁰²
SALES TAX	24. <u>15</u>
TOTAL	537. <u>15</u>

**COMMERCIAL
TIRE**

COMMERCIAL TIRE-TWIN
2030 KIMBERLY ROAD
TWIN FALLS ID 83301

ACCOUNT NO.	INVOICE DATE	INVOICE NO.
300809	07/03/99	13962

TELEPHONE: (208) 733-8761

MIL: 000,001

1

SOLD TO

PAN TRANS
1845 OSTERLOH AVE
TWIN FALLS, ID 83301
(208) 734-5642

SHIP TO

PAN TRANS
1845 OSTERLOH AVE
TWIN FALLS, ID 83301
(208) 734-5642

CONTROL	ORDER DATE	CUSTOMER ORDER NO.	SLS	TERMS	DATE SHIPPED	TIME PROMISED	SLS ORDER
17283	07/03/99	TRLR10116	LDB	NET 10TH	07/03/99		
ITEM NO.	DESCRIPTION	QUANTITY	UNIT	PRICE	EXTENSION		
		ORDERED	SHIPPED				
5002	USED TRUCK TIRE	1	0	0.00	125.00		125.00
8025	MT & DSMT TRUCK BUDD	1	0		15.00		15.00
TAXABLE:		125.00	NON-TAX:	15.00	Sub-total :		140.00
					Tax 5.000%		6.25

Remit Payment to: P.O. Box 191010 - Boise, ID 83719 - (208) 322-4177

X *Approved by* Buyer
THE FINANCE CHARGE ADDED TO ALL BALANCES 30
DAYS PAST DUE IS COMPUTED BY A PERIODIC RATE NOT
TO EXCEED THE HIGHEST RATE ALLOWABLE BY LAW.
PLEASE SEE YOUR MONTHLY STATEMENT FOR THE CUR-
RENT RATE.

ALL RETURNED GOODS MUST BE ACCOMPANIED BY INVOICE
AND ARE SUBJECT TO A 10% HANDLING CHARGE.

ORIGINAL

INVOICE
TOTAL 146.25